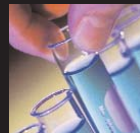




# Provider Focus



October 2003

A monthly update focusing on your needs.

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## A Message from Steve Smith

On September 22, 2003, I replaced Walt Patterson as Managing Director of the Georgia Health Partnership. I am very aware of the serious task ahead of me based on the challenges faced by our project over the past five months. My approach will be to listen to your concerns and attempt to provide honest feedback regarding our performance and the steps we are taking to improve our service. Our goal is simple: Gain your trust. I believe that building trust is the key to ACS's success, but I'm also aware of the significant effort that will be required to achieve that goal. I have spent my entire career with ACS working in Medicaid fiscal agent projects, including six project implementations and nine total project assignments. I will bring the successful tools from each of those projects to bear in building the trust of the Georgia Medicaid provider community.

Throughout this edition of the **Provider Focus** you will see references made to corrective action plans and our progress toward achieving those plans. We have

worked closely with DCH staff to identify those areas that affect you most directly, and we have provided DCH with plans to address and make improvements in these areas. Much of what we accomplish may not be immediately apparent to you. However, be assured that we have heard your concerns and we are more focused than ever on addressing them. I am very aware of the fact that we continue to fall short of your expectations in many areas and my commitment is to give you more useful updates on our actions and efforts to address those areas.

This newsletter is for you. In each issue, we provide an e-mail address to which you can submit your ideas. I invite you to submit ideas to improve it.

Thank you for your support. I look forward to working with you.

Sincerely,

Stephen A. Smith

Managing Director  
Georgia Health Partnership





## Where to Send Your Refunds

To refund claims payments, overpayments or excess advance payments to Georgia Medicaid, mail your checks to this lockbox address:

Benefit Recovery Section - Provider Refunds

P.O. Box 277941

Atlanta, GA 30384-7941

- Make checks payable to Department of Community Health.
- Attach any correspondence or supporting documentation.
- Do not send questions or submit claims forms to this address. ▲

## Web Portal Stability

To serve you better, enhancements have been made to the web portal so that it is able to process more transactions. These changes signify the completion of the first of a three-phase web improvement and stabilization effort.

Although we've made progress, the web team still has more work to do. We are now working to improve the efficiency of the applications, which is the focus of the second phase of the improvement and stabilization plan. The third phase will involve application coding changes to improve response time.

If you need help using the GHP Web Portal, we encourage you to call the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or

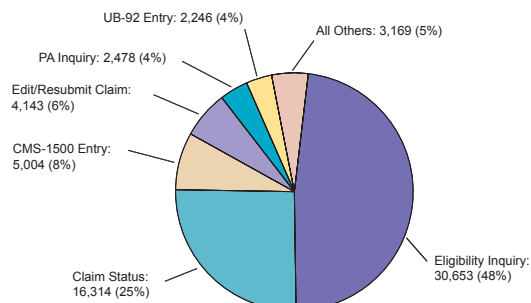
800-766-4456 (toll free). A representative will transfer you to a web portal expert.

### Web Transactions Set New Daily Record

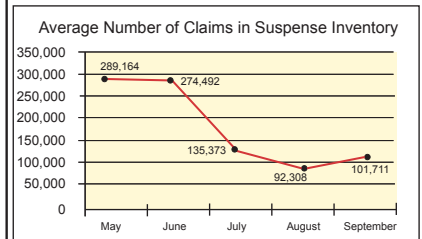
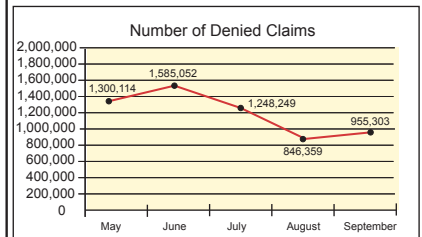
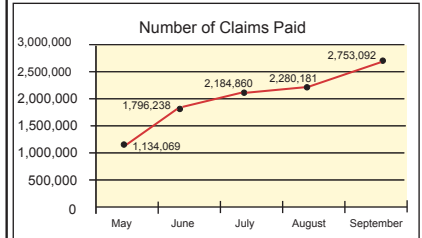
On September 17, 2003 the GHP Web Portal processed a new all-time high of 63,998 transactions, beating the previous record by more than 500.

On a daily basis, the web eligibility inquiry function accounts for about half of the total transactions in a business day. As the web portal continues to stabilize and providers begin to be more comfortable with the web functionality, even higher transaction volumes are anticipated. ▲

Web Transactions



## September Claims Status Update



## Medicare Crossover Status

ACS began processing crossover claims the week of September 29, 2003. We focused on CMS-1500 claims initially because Blue Cross Alabama and Durable Medical Equipment Crossover (DMERC) are CMS-1500 only intermediaries, and these claims comprised 80% of the 2.5 million claims that were waiting to be processed.

ACS apologizes for delays in processing these claims and hopes to be current with CMS-1500 crossover processing by October 31, 2003.

ACS and DCH are currently working to commence processing UB-92 crossovers also by the end of October. ▲

## We Want to Hear From You

ACS and DCH are committed to providing exceptional customer service to the provider community. One way that we gauge our progress and determine areas that need improvement is through our semi-annual provider satisfaction surveys. Randomly selected Medicaid and PeachCare for Kids providers are given two options to take the survey: via mail or online. If no response is received within the stated timeframe, we will contact you by phone. Your survey responses are strictly confidential.

Some providers participated in the survey that was fielded in March 2003. That survey measured your satisfaction with the previous fiscal agent, and the results provide a benchmark for ACS to measure against when additional surveys are released. Since the survey occurs every six months, the next release is set for October 2003. If you receive a survey from DCH, please take a moment and respond. We truly value your input and look forward to serving you. Look for the results of the survey and read about planned improvement actions in future editions of **Provider Focus**. ▲

## Pharmacy Crossover Claims

Providers should remember that Express Scripts, Inc. (ESI) does not yet process pharmacy crossover claims.

In the near future, after DMERC finalizes the coding and submission requirements, these crossover claims will be processed by ESI. Until further notice from DCH, pharmacy crossover claims should be submitted to ACS. ▲

## Transaction Code Sets

The Department of Community Health (DCH) recognizes that many of its trading partners may benefit from extra time to prepare for the change to standard national codes and X12 formats. Therefore, DCH will invoke our contingency plan and not implement the national code sets on October 16, 2003, but will phase in the remaining codes by July 1, 2004. As National Codes are implemented, providers will be notified via banner messages and policy manual updates to begin using national codes. Unless otherwise instructed by DCH policy manual updates or banner messages, you may continue to bill local codes until June 30, 2004.

Additionally, providers can continue to submit proprietary formatted transactions to ACS until December 31, 2003. During the extension period, providers need to

be actively working toward the goal of submitting X12 formats. DCH urges all providers who are not currently transmitting X12 compliant transactions to contact EDI Gateway and make arrangements for testing.

To reach EDI Gateway support, call 1-800-987-6715 Monday through Friday from 8 a.m. to 5 p.m. (EST). Implementation guides for the HIPAA compliant transaction code sets are available via the following link:

**[www.wpc-edi.com/Insurance\\_40.asp](http://www.wpc-edi.com/Insurance_40.asp)**

For additional information related to the content of the transaction code sets, follow this link to the ACS EDI Gateway web site:

**[www.acs-gcro.com/Medicaid\\_Accounts/Georgia\\_Medicaid/Companion\\_Guides/companion\\_guides.htm](http://www.acs-gcro.com/Medicaid_Accounts/Georgia_Medicaid/Companion_Guides/companion_guides.htm)** ▲

## How to Contact Your ACS Provider Field Representative

ACS provider field representatives are available to answer your system and policy questions. Calls or e-mails to your field representative will receive a response within 72 hours. E-mail is the most effective way to contact your provider field representative.

If you do not receive a response from your provider field representative, contact your regional supervisor (see page 8) or Field Services Manager, Camilo Gutierrez, at 770-913-1482.

We encourage you to schedule an appointment with your provider field representative so you can resolve outstanding issues in the comfort of your own office. For assistance in

contacting your representative, go to the Field Representative Directory page on the GHP Web Portal.

To view the Field Representative Directory contact information:

1. Log in to the GHP Web Portal (**[www.ghp.georgia.gov](http://www.ghp.georgia.gov)**).
2. Click the **My Workspace** tab.
3. Click the **Field Representative Directory** link. ▲



# ACS Provider Field Representatives

<b>Territory</b>	<b>Representative</b>	<b>Counties</b>
<b>Athens</b>	<b>Tanja Lurry</b> 770-979-2131 tanja.lurry@acs-inc.com	Banks, Barrow, Clarke, Elbert, Franklin, Greene, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, White
<b>Atlanta</b>	<b>Gretser Rush</b> 770-808-8801 gretser.rush@acs-inc.com	Gwinnett, North Fulton, Rockdale, Walton
	<b>Leslie Walker</b> 404-244-8382 leslie.walker@acs-inc.com	Central & South Fulton
	<b>Rebecca Miller</b> 770-979-8430 rebecca.miller@acs-inc.com	Cobb, Douglas, Paulding
	<b>Nathaniel Ring</b> 404-848-9483 nathaniel.ring@acs-inc.com	Butts, Carroll, Clayton, Coweta, Fayette, Heard, Henry, Newton, Spalding
	<b>Pam Floyd-Johnson</b> 404-299-7057 pamela.floyd-johnson@acs-inc.com	DeKalb
<b>Augusta</b>	<b>Lolita Roberts</b> 706-793-6244 lolita.roberts@acs-inc.com	Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Montgomery, Richmond, Screven, Taliaferro, Toombs, Treutlen, Warren, Washington, Wilkes
<b>Columbus</b>	<b>Sherrie Jones</b> 706-565-5217 sherrie.jones@acs-inc.com	Chattahoochee, Clay, Dougherty, Harris, Lamar, Lee, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Talbot, Taylor, Terrell, Troup, Upson, Webster
<b>Macon</b>	<b>Sharon Chambliss</b> 229-273-7705 sharon.chambliss@acs-inc.com	Baldwin, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooly, Houston, Jasper, Jones, Laurens, Macon, Monroe, Peach, Pulaski, Putnam, Sumter, Telfair, Twiggs, Wheeler, Wilcox, Wilkinson
<b>Rome</b>	<b>Vanessa Whitley</b> 678-418-2126 vanessa.whitley@acs-inc.com	Bartow, Catoosa, Chattooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Haralson, Murray, Pickens, Polk, Walker, Whitfield
<b>Savannah</b>	<b>Susan Burden</b> 912-234-8070 (Effective 9/15/03) susan.burden@acs-inc.com	Appling, Brantley, Bryan, Bulloch, Camden, Charlton, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Tattnall, Wayne
<b>Valdosta</b>	<b>Cynthia Pittman</b> 229-293-7893 cynthia.pittman@acs-inc.com	Atkinson, Bacon, Baker, Ben Hill, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Jeff Davis, Lanier, Lowndes, Miller, Mitchell, Pierce, Seminole, Thomas, Tift, Turner, Ware, Worth





## Timely Claims Submission

In accordance with Part I Policies and Procedures for Medicaid/ PeachCare for Kids, Section 202 - "Timely Submission," claims must be received within six months from the month in which service was rendered or within three months of the month in which the denial occurred, whichever is later.

Due to issues related to the new system implementation, the Division of Medical Assistance decided to:

- Temporarily increase the timely submission criterion from six to nine months, from the month in which service was rendered.
- Override the timely filing exception if the claim was denied because of a known system defect. (It is not necessary to resubmit the denied claim every three months.)

The system is programmed to automatically recognize the nine-month filing limit until further notice. Please note, however, that this policy change does not apply to pharmacy claims (i.e., COS 300 and 321) and that the six month filing policy remains intact for these categories of service.

When resubmitting a denied claim on paper more than nine months after the month in which services were rendered, it is necessary to attach a copy of the Remittance Advice (RA) with the denial as proof of timely submission. ▲

## GBHC Referral Process Changes Effective April 1, 2003

The Georgia Better Health Care (GBHC) referral process changed effective April 1, 2003. This change was applicable only to those Medicaid or PeachCare for Kids members who participate in GBHC. The decision to go forward with full automation of GBHC referrals was made after careful consideration of all aspects of the former and current processes.

### Tips for GBHC Providers

- Previous referrals (April 1, 2003 - September 30, 2003) allowed for either the GBHC Authorization Number or the new 12-digit unique referral number. Effective October 1, 2003, providers can only use the 12-digit unique referral number. Existing referrals using the GBHC provider ID as the referral number expired on September 30, 2003. This will require a PCP's (Primary Care Physician) office to generate a second unique referral number for members who had previously been directed to a specialist, but who had either not yet visited the specialist or had not used all three visits prior to September 30, 2003.
- Under the new process, a referral is required **ONLY** when the PCP requests that a member be evaluated, treated or receive a

Health Check screening by a provider who is not a part of the PCP practice group (operating under the same federal tax ID number).

- As of October 1, 2003, services that require a referral must use the unique 12-digit referral number in field 17A of the CMS-1500.
- Reference materials are now available to assist providers in the transition to the automated referral process including (1) a summary of the referral process, (2) a quick reference guide, and (3) a referral worksheet to assist providers in gathering the necessary information to generate a referral. These materials may be accessed under "Documents and Forms" on the GHP Web Portal, [www.ghp.georgia.gov](http://www.ghp.georgia.gov).
- Should you have any difficulty entering a referral via the web, either use the Interactive Voice Response system or contact the ACS Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free). The customer service representatives can assist you with referral entry.
- GBHC Provider Field Representatives are available to assist you with any questions regarding this process. Contact information for these individuals is found in the table on page 6. ▲

## DMA-81 Form Available Online

The DMA-81 form, Prior Approval for Medical Services, is currently available on the web. You must fill out this form completely to prevent a delay in the prior authorization review process. ▲



# GBHC Field Representatives

<b>Territory</b>	<b>Representative</b>	<b>Counties</b>
<b>Augusta</b>	<b>Vacant</b>	Burke, Columbia, Emanuel, Glascock, Greene, Hancock, Jasper, Jefferson, Jenkins, Lincoln, McDuffie, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes
<b>Macon</b>	<b>Wendi Beckles</b> 770-350-6990 wbeckles@dch.state.ga.us	Baldwin, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooly, Houston, Jones, Johnson, Lamar, Laurens, Macon, Monroe, Peach, Pike, Pulaski, Putnam, Telfair, Treulin, Twiggs, Upson, Wheeler, Wilcox, Wilkinson
<b>North Georgia, South &amp; North Carolina and Tennessee</b>	<b>Boyd Whitfield</b> 770-350-6998 bwhitfield@dch.state.ga.us	Bartow, Catoosa, Chattooga, Dade, Dawson, Fannin, Floyd, Gilmer, Gordon, Habersham, Lumpkin, Murray, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, White, Whitfield
<b>North Metro</b>	<b>Christie Herbert</b> 770-350-6993 cherbert@dch.state.ga.us	DeKalb, Fulton
<b>Northeast Metro</b>	<b>Pat Jackson</b> 770-350-6994 pjackson@dch.state.ga.us	Banks, Barrow, Clarke, Elbert, Forsyth, Franklin, Gwinnett, Hall, Hart, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
<b>Northwest Metro, Columbus &amp; Alabama</b>	<b>Diana Smith</b> 770-350-6996 dsmith@dch.state.ga.us	Carroll, Chattahoochee, Cherokee, Cobb, Coweta, Douglas, Haralson, Harris, Heard, Marion, Meriwether, Muscogee, Paulding, Schley, Talbot, Troup
<b>Savannah &amp; Florida</b>	<b>Kathleen Pellicano</b> 770-350-6995 kpellicano@dch.state.ga.us	Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Ware, Wayne
<b>South Metro</b>	<b>Amanda Watson</b> 770-350-6997 awatson@dch.state.ga.us	Butts, Clayton, Fayette, Henry, Newton, Rockdale, Spalding
<b>Southwest &amp; Alabama</b>	<b>Judy Gaines</b> 770-350-6991 jgaines@dch.state.ga.us	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Clay, Clinch, Coffee, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Seminole, Stewart, Sumter, Terrell, Thomas, Tift, Turner, Webster, Worth

## How to Work With Your GBHC Representative

The GBHC field representatives focus exclusively on programs and policies within the Georgia Medicaid program. These representatives are available to meet with you or your staff to answer your questions about:

- Georgia Better Health Care
- PeachCare for Kids
- Health Check

Providers in these programs may contact their representative by calling the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free). You may also contact the representative directly through voicemail or e-mail. Your GBHC representative will return your message within one business day. ▲



## How to Register for Training

You can register for any provider training seminar by using our online registration web site:

**[www.time2reg.com/reg/ghpconferences/secure/Default.asp](http://www.time2reg.com/reg/ghpconferences/secure/Default.asp)**.

We strongly recommend that you register in advance due to possible space limitations. ▲

## We Welcome Your Feedback

We are dedicated to making the Provider Focus a useful tool for you. If you have any comments or suggestions for the newsletter, please contact us at **[GA.comm.dept@acs-inc.com](mailto:GA.comm.dept@acs-inc.com)**.

If you have any other comments, please send them to **[GHP\\_Public@acs-inc.com](mailto:GHP_Public@acs-inc.com)**. ▲



## Reports Available on Web, CD-ROM

There are currently two provider activity reports available online: Rendering Provider Activity and Payee Provider Activity. These reports are available to registered web portal users. The Rendering Provider Activity Report provides information on paid, denied, and suspended claims at the rendering provider level. ACS began loading this weekly report to the web on July 5, 2003. The Payee Provider Activity report is very similar to the traditional remittance advice; however, the information is presented in a format that is familiar to payee providers. ACS began loading this weekly report to the web on July 14, 2003.

To access your reports online, follow the steps below:

1. Log into the GHP Web Portal (**[www.ghp.georgia.gov](http://www.ghp.georgia.gov)**).
2. Click on the **My Workspace** tab.

3. Click on the **Launch Message Center** link.
4. Your message list will appear. To open a message, click on the subject link for the message you wish to view.
5. When the message is open, click the attachment name link to view your report. Once the report is open, you can print and save it to your PC. (Be sure to download Adobe Reader 5.0 or greater in order to view your report. You can download the product or upgrade your current version free of charge at **[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)**. Adobe Reader 5.0 is also available on the GHP Message Center.)
6. Please note that your messages will expire 30 days after they are posted to your message center. The expiration date is listed for each message in your list. Once

that expiration date passes, the message will be deleted.

These reports are available in your Message Center by 6:00 p.m. each Tuesday. We have heard your concerns about the importance of receiving these reports on a timely basis. ACS is currently working on enhancements to the report loading process, which will result in the reports being available to you sooner. Our goal is to make these available in your Message Center each Monday morning. We will provide an update on this effort in the next newsletter.

For rendering reports prior to July 5, 2003, and payee reports prior to August 30, 2003, ACS is currently copying these to CD and mailing them to individual providers. The chart below provides an update on this process. ▲

Report	On the Web	On CD	CD Mailing Status
Rendering Provider Activity Report	Started loading to the web with report date 7/5/2003. Reports available each Tuesday by 6:00 p.m.	For report dates 4/5/2003 - 6/28/2003	ACS completed mailing of all 29,353 CDs on 10/3/2003.
Payee Provider Activity Report	Started loading to the web with report date 7/14/2003. Reports available each Tuesday by 6:00 p.m.	For report dates 4/5/2003 - 8/30/2003	As of 10/7/2003, ACS has mailed 3,200 CDs to payee providers. We are currently on target for creating and mailing the remaining CDs by 11/7/2003.

## Financial Summary Report to Aid Reconciliation

DCH and ACS recognize the difficulties you have encountered reconciling prospective payments issued by ACS since April 1, 2003. In an effort to assist you with the initial reconciliation process, ACS will produce a Financial Summary report. In addition, ACS will appoint knowledgeable and dedicated personnel to assist you with inquiries regarding the payment information reflected on the report.

The Financial Summary report, detailing activity at the payee level, will be issued in mid to late October. The initial report will display history from April 1, 2003 through the date of release. After initial reports are released, a follow-up will be provided in late November or December.

Using this report, you will be able to:

- Verify the 2003 taxable amount prior to receiving the year end 1099

- Provide a means to track outstanding accounts receivable balances on a weekly basis
- Verify receipt of checks/EFT payments received

If you have questions after you receive this report, please contact the ACS Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free).

In addition, a special unit is available to help you with 1099-related issues. A Provider Inquiry Unit customer service representative will transfer you to a member of this triage unit if needed.

If problems are identified with the information on your 1099, the triage team member will forward your inquiry to a dedicated Financial Summary Resolutions Team member.

The financial team member will be the point of contact for you until the issue regarding the Financial Summary report is resolved. ▲

## Provider Update Training Begins New Format

The Provider Services Unit has recently introduced a new, improved format for its ongoing provider update training seminars.

One of the key changes in the new format is the availability of remote access to the claims processing system. This remote access allows ACS Escalation Team members, who are present at the seminars, to immediately research outstanding provider issues.

To make training seminars more beneficial for you, bring samples of claims issues and questions.

The new format also includes detailed information regarding system updates, procedure changes, billing tips, crossover/COB training and transaction code sets.

See page 12 for the Provider Update Seminar training schedule. ▲

## Regional Provider Field Services Supervisors

Territory	Supervisor
<b>North Georgia</b> - Athens - Rome- Augusta	Nathaniel Wienert 770-350-6925 nathaniel.wienert@acs-inc.com
<b>Metro Atlanta</b>	Sheila Tillman 770-350-5242 sheila.tillman@acs-inc.com
<b>South Georgia</b> - Columbus - Macon - Savannah - Valdosta	Joy Signer 770-673-6761 joy.signer@acs-inc.com

## HCFA-1500, CMS-1500 Both OK for Claims Submission

The HCFA-1500 claim form continues to be acceptable for submitting claims. These forms are identical to the CMS-1500 form except for the name.

Why the different names? The Health Care Finance Administration (HCFA) changed its name several years ago to the Centers for Medicare and Medicaid Services (CMS), prompting a change in the form name.



## Dental Prior Approvals

The American Dental Association (ADA), 1999 version 2000 claim form is used to request dental prior approvals (pretreatment estimates), post approvals (statement of services), and for claims processing. To ensure prompt review for prior or post approvals or claim processing, it is necessary to check the appropriate box in field 1 and 2 on the ADA form.

Check the corresponding box in field 1 to indicate the ADA form is a request for prior or post approvals:

- Dentist's pre-treatment estimate (prior approval)
- Dentist's statement of actual services (post approval)

Check the corresponding box in field 2 to indicate the ADA form is a claim and the form will be adjudicated as such.

If field 1 is left blank or if both fields are checked, the form will be returned to the provider for clarification and resubmission. By following these instructions, your claims can be more efficiently processed by ACS.

If you have any questions, please contact the ACS Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free), or use the Contact Us feature on the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)). ▲



## DMA-610 Form Now on Web Portal

In an effort to better serve Georgia's Medicaid and PeachCare for Kids providers, ACS recently updated the list of forms on the web portal and added the DMA-610 form. This form lets DME and Orthotics and Prosthetics providers make prior authorization requests for durable medical equipment.

To print the DMA-610 form from the web portal, follow these steps:

1. Open your Internet browser to [www.ghp.georgia.gov](http://www.ghp.georgia.gov).
2. Click the **Provider Information** tab.
3. On the Provider Information page, click **Documents and Forms** in the lower right-hand corner. A list of available forms will appear.
4. Click the **DMA-610 Prior Authorization Requests** link to open the file and print the form. ▲

## Anesthesia Billing

In accordance with Part II Policy and Procedure for Physician Services, Section 903.1 - Anesthesia Services (effective April 1, 2003), anesthesia time is billed on the basis of units, with each fifteen (15) minutes or any part thereof, being equal to one (1) unit using the CMS-1500 form.

Providers are required to calculate and convert total anesthesia time to units, as the system does not automatically convert time to units. Do not add base of physical status units, as the system automatically adds the appropriate base and physical status units according to the CPT and physical status codes billed.

We are actively working toward policy changes and system enhancements to allow the provider to return to billing for anesthesia services using total time in minutes and automatic system conversions of time billed to units. Please monitor your banner messages and other provider communications regarding future changes.

Anesthesia services billed in time

increments (rather than units) on or after April 1, 2003, would have processed and paid incorrectly. Therefore, to ensure accurate claims payment, adjustment requests are necessary for each claim paid incorrectly. Although mass adjustment functionality is upcoming, it is not available at this time.

### Anesthesia Procedure Codes

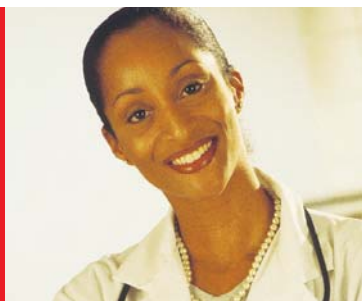
Effective April 1, 2003, Georgia Medicaid adopted the use of CPT anesthesia codes on a CMS-1500 claim form.

- For dates of services (DOS) on or after April 1, 2003, providers should bill for anesthesia services using CPT anesthesia codes (00100-01999) on the CMS-1500 claim form.
- For DOS prior to April 1, 2003, providers should bill for anesthesia services using CPT Surgical Procedure Code (10000 - 69999) on the CMS-1500 claim form.
- Physical status for anesthesia services is billed by entering the appropriate modifier (P3, P4 or P5) on the line item. ▲

## Prior Authorization Service Improvements

Listed below are several Prior Authorizations (PAs) process improvements that we recently implemented to better serve you:

- Option 6 on the provider Interactive Voice Response System (IVR) was modified in September 2003 to allow for selection of a review team based on a prior authorization (PA) type. These teams received extensive training to process prior authorization reviews and answer questions by specialty area.
- The process for web portal entry of Level I/PASRR (Pre-Admission Screening Resident Review) requests was changed to enable automatic return of an approval number for those cases that do not require a Level II referral.
- Additional resources were added to focus on meeting the turnaround times for all prior authorization types.
- Member names, approved units/amounts and other important prior authorization data will be added to the notification letters that ACS is distributing to the provider community.
- Daily PA fax logs for large providers will resume. ▲



## McRae Facility Improves Processes and Efficiency

The McRae Remote Mail Operations (RMO) facility began receiving paper correspondence on April 1, 2003. This facility accepts forms, inquiries and other correspondence and scans each piece into the Storage Information Retrieval (SIR) system. Forms, attachments and other documents are scanned in the order in which they are received. These items then become tasks to be addressed by the Customer Interaction Center (CIC).

Soon after the RMO began scanning items, providers began contacting ACS to ask about the status of their submitted correspondence. In response to an emerging pattern of missing documents, we conducted a full audit of the correspondence handling process.

### Audit Reveals Scanned but Misplaced Documents

The RMO Audit revealed that more documents were being scanned than were being recorded as tasks. These documents weren't "lost," only stored in the SIR system without an associated tracking number. From April 1, 2003 to August 31, 2003, about 3,000 documents were electronically misplaced in this manner. A malfunctioning fax machine created a similar problem for about 250 documents from September 18, 2003 to September 24, 2003.

These documents have now been identified and staff is reviewing each one. In addition, on Thursday, Sept 25, 2003, ACS implemented a new long-term solution to ensure that all RMO items are being cataloged and routed correctly.

When mailing your correspondence, you can help ensure that it receives a prompt response by:

- Sending it to the correct post office box:

#### **GMCF precertification:**

ACS  
Box 7000  
McRae, GA 31055

#### **All other provider correspondence (including claims):**

ACS  
Box 5000  
McRae, GA 31055

- Placing the form or letter on top of any supporting attachments

Since September 1, 2003, we have added additional staff to respond to your inquiries within three business days of receipt. However, some inquiries submitted prior to this date may still be outstanding. We apologize for any inconvenience that this delay has caused, and continue to work diligently to review all inquiries as soon as possible.

If you submitted a provider inquiry between April 1, 2003 and August 31, 2003 and have not received a response, do not resubmit your inquiry. Resubmitting your inquiry could cause further delays. Instead, please contact the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free). We can quickly verify receipt of your original inquiry when you provide the following information to the customer service representative:

- Provider ID
- Member ID
- Dates of service
- Transaction Control Number ▲



## Duplicate Check Status

Duplicate claims were paid in error during the month of September. A fix was coded, tested and implemented on September 22, 2003 that will post exceptions 6101, 6102 or 6103 to any future occurrence of duplicate claims.

Analysis is currently being performed to determine which claims were erroneously paid. When this is complete, ACS will mass adjust and deny those that were paid in error.

In the process of adjudication, each claim reprocessed by duplicate check will be compared only to claims in history that were paid prior to the claim being adjudicated. After the re-adjudication, the status of each claim will be examined. If a claim's status is "to be denied," a void will be issued.

The recheck will process all claims paid since implementation. We expect this process to commence by the first week of November.

In addition, ACS and DCH have formed a workgroup that meets weekly to review issues surrounding other exceptions related to the duplicate check editing process. New issues will be discussed at these meetings. We will communicate additional information and updates on this issue in future newsletters. ▲

## New Resource on Secondary Billing Now Available

ACS and DCH recently collaborated to create the *Medicaid Secondary Claims User Guide*, a new resource to help providers correctly file Medicaid secondary (COB and crossover) claims. The user guide was made available for download from the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)) on October 1, 2003.

To access the guide, go to the **Medicaid Provider Manual** box on the Provider Information page and click **View Full List**. All manuals are listed in alphabetical order.

The manual contains information on the following topics:

- Field-by-field descriptions for paper, web and WINASAP claim forms
- Sample completed claim forms (CMS-1500 and UB-92)

- Tips for submitting claims (paper, web and WINASAP)
- Best practices for filing crossover adjustments
- Common billing errors and how to avoid them
- Top denial reasons
- Guidelines for submitting claim attachments
- Sample COB Notification form (DMA-410) and Attachment Form for Electronically Submitted Claims

If needed, you can receive paper copies by attending the October and November Provider Update Training seminars. Or for more information, call the ACS Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 1-800-766-4456 (toll free). ▲

## Keep Your ID and Address Handy

Two small but crucial pieces of information, required by law, can make your calls to the ACS Provider Inquiry Unit go more smoothly and reduce the time you spend on the phone.

Before you call, be sure you have these two items handy:

- Your Provider number
- Your physical address

Why is this important? Privacy rules (HIPAA) mandate that ACS must authenticate each and every call by asking for your provider number and physical address. ▲

## ACS Improves First Call Resolutions

The Escalation team in the Customer Interaction Center recently teamed with the Provider Inquiry Unit to improve first call resolutions. How will this work? Members of the Escalation team now monitor the Provider Inquiry Unit to offer immediate assistance to Level I

Customer Service Representatives on the phones. Providers with more than routine questions won't have to be put on hold while the call is transferred. Instead, providers will receive Level II assistance immediately, improving the response time on most issues. ▲

# ACS Provider Training Schedules

## Provider Update Seminars: October - November 2003

Two four-hour Provider Update Seminars are held at each location: 9:00 a.m. - noon and 1:30 - 4:30 p.m.

City	Date	Venue
Augusta	Oct. 15	Radisson Riverfront Hotel
Savannah	Oct. 21	Savannah Marriott Hotel
Athens	Oct. 23	Athens Classic Center
Albany	Oct. 28	Merry Acres Event Center
Dalton	Oct. 30	NW GA Trade and Convention Center
Macon	Nov. 4	Macon Centreplex
Valdosta	Nov. 5	Valdosta/Lowndes Co. Conference Center
Columbus	Nov. 18	Elizabeth Bradley Turner Center
Atlanta	Nov. 20	Holiday Inn Perimeter

## Provider Category of Service Seminars October - November 2003

City	Date	Venue	Time	COS
Savannah	Oct. 21	Savannah Marriott	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Athens	Oct. 23	Athens Classic Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Albany	Oct. 28	Merry Acres Event Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Dalton	Oct. 30	NW GA Trade & Convention Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Macon	Nov. 4	Macon Centreplex	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Valdosta	Nov. 5	Valdosta/Lowndes Co. Conference Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
			1:30-4:30 p.m.	Dental
Columbus	Nov. 18	Elizabeth Bradley Turner Center	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician
Atlanta	Nov. 20	Holiday Inn Perimeter	9:00 a.m. - noon	Health Check
			1:30-4:30 p.m.	Physician

**Note:** Each session contains the complete training seminar.